

# DAKOTA EDUCATION ALTERNATIVE LOAN (DEAL) CONSOLIDATION LOAN REQUEST TO ADD LOANS TO A DEAL CONSOLIDATION LOAN

BANK OF NORTH DAKOTA STUDENT LOAN SERVICES SFN 58605 (04-2008)

#### PLEASE MAIL COMPLETED FORM TO:

Bank of North Dakota (BND) PO Box 5509, Bismarck, ND 58506-5509 1-800-472-2166 ext. 5763 1-800-643-3916 (TDD)

### REQUEST TO ADD LOANS TO A DEAL CONSOLIDATION LOAN (180 Day Add-On Provision)

#### **Before You Begin**

Use this form to request that Bank of North Dakota add an eligible education alternative loan(s) that was not originally included in your DEAL Consolidation Loan. This form must be completed, signed and dated, and returned to Bank of North Dakota within 180 days after the date the DEAL Consolidation Loan was disbursed.

Before beginning, gather all your education alternative loan records, account statements, and bills so that you have the information you need to complete this form. If an item has been completed for you and it is incorrect, cross out the incorrect information and print the correct information. Incorrect or incomplete information may delay processing of your request to add loans to your DEAL Consolidation Loan. Print using a dark ink ballpoint pen or type. If you have any contract Bank of North Delact in N

questions about completing this Request to	Add Loans to a DEAL Consolidation	n Loan, contact Bank of Nort	in Dakota.		
WARNING: Any person who knowingly make	es a false statement or misrepresentati	on on this form is subject to cri	minal penalties.		
Section A. Borrower Information					
1. Last Name	First Name		MI 2.	Social Security Number	
	. not reame			Secial Security Hamber	
Section B. Cosigner Information (if ap	plicable)				
3. Last Name	First Name		MI 4.	Social Security Number	
Section C. Education Loan Indebtedn					
Read the instructions before completing					
nclude those loans that were disbursed be send your payments. List each loan separ		isolidation Loan was made.	The loan holder/se	sivicer is the entity to which you	
5. Loan Holder/Servicer Name and Mailing Ac	, ,	6. Loan Account Number	7. Interest Rate	8. Estimated Payoff Amount	
(See Instructions)	uless	6. Loan Account Number	7. Interest Rate	6. Estillated Payoli Allioulit	
(Coo men demone)					
			+	+	
Section D. Promissory Note Addendu	m				
request that Bank of North Dakota repay	:he eligible alternative education loar	n(s) identified in Section C ar	nd that the amount	of my DEAL Consolidation Loa	
be increased to include the amount paid by	Bank of North Dakota.				
understand that this request must be rese	ived by Book of North Dokota within	100 days after the date my	DEAL Connollidatio	un Loon was dishuraed. I further	
understand that this request must be rece understand that by adding these loans my					
Bank of North Dakota will send me a revise		, , ,	, ,	, , ,	
	, ,	, ,	·		
My signature below certifies that I have rea					
DEAL Consolidation Loan Application and Rights and Responsibilities Statement that		ed, including the Borrower Ce	ertification and Auth	norization, and the Borrower's	
rights and responsibilities statement that	accompanied it.				
UNDERSTAND THAT THIS IS A LOAN	THAT I MUST REPAY.				
9. Borrower's Signature		Tod	Today's Date (mm/dd/\\an\an\)		
(Identified in Section A, Item 1 above.)		Tou	Today's Date (mm/dd/yyyy)		
10. Cosigner's Signature (if applicable)		Tod	ay's Date (mm/dd/	′yyyy)	
(Identified in Section P. Itom 2 above )					

## Instructions for Completing the Request to Add Loans to a DEAL Consolidation Loan and Important Notices

Bank of North Dakota PO Box 5509 Bismarck, ND 58506-5509 1-800-472-2166 ext. 5763 1-800-643-3916 (TDD) mystudentloanonline.nd.gov

#### **Section A. Borrower Information**

Item 1: Enter your last name, first name, and middle initial.

Item 2: Enter or correct your Social Security Number.

#### Section B. Cosigner Information (if applicable)

Item 3: Enter cosigner's last name, first name, and middle initial.

Item 4: Enter or correct cosigner's Social Security Number.

#### Section C. Education Loan Indebtedness

Information you need to answer items in this section is available in loan documents, such as:

- The last monthly billing statement you received,
- Your quarterly interest statement or annual statement,
- Your coupon book, or
- The Internet site of your loan holder or servicer.

If you are unsure of the correct information on your loans, contact the entity to which you send your payments or check the most recent correspondence from that entity.

**Item 5:** Enter the full name and mailing address of the holder of each of your alternative education loans or the holder's servicer. (This is the address to which you are or will be sending your payments.) Do not use initials in place of full names.

Item 6: Enter the account number for each loan.

Item 7: Enter the interest rate prior to any incentive reductions on each

**Item 8:** Enter the estimated payoff amount, including any unpaid interest, late fees, and collection costs.

#### **Section D. Promissory Note Addendum**

To be completed by the borrower and cosigner (if applicable).

This is a legally binding contract.

Item 9: Borrower must sign and date the Promissory Note Addendum.

**Item 10:** Cosigner (if applicable) must sign and date the Promissory Note Addendum. If you currently have a cosigner on your DEAL Consolidation Loan, you must also have them sign this form.

**Note:** Signature is required. If you fail to sign the Promissory Note Addendum, your request may be delayed.

Review all information you have provided on this form. When it is complete, send the original to Bank of North Dakota. Keep a copy for your records. Remember to continue making your regularly scheduled alternative education loan payments until Bank of North Dakota notifies you that the loan(s) has been consolidated. When your loan(s) is consolidated, Bank of North Dakota will notify you of any changes to the terms of your DEAL Consolidation Loan.

**Mailing Instructions:** Mail the original form to Bank of North Dakota, PO Box 5509, Bismarck, ND 58506-5509.

#### **Section E. Important Notices**

#### **Privacy Act Disclosure**

To participate in the DEAL Consolidation program you must have applied for Federal Title IV funds if you are enrolled at least half-time. In order to apply for those funds the Privacy Act of 1974 (5 U.S.C. 552a) requires the following notice be provided to you.

The authority for collecting the requested information from and about you is Section 484 (a)(4)(B) of the Higher Education Act of 1965, as amended [20 U.S.C. 1091(a)(4)(B)]. You are advised that participation in the DEAL Consolidation program is voluntary, but the requested information is necessary for participation.

The principle purpose of this information is to verify your identity, to determine your program eligibility and benefits, to permit the servicing of your loan(s), and in the event it is necessary, to locate you and collect on your loan(s) if it becomes delinquent.

The routine uses of this information include its disclosure to federal, state, or local agencies, to private parties, such as relatives, present and former employers, business and personal associates, to guaranty agencies, to credit bureau organizations, to educational and financial institutions, and to agency contractors in order to verify your identity, to determine your program eligibility and benefits, to permit the servicing or collecting of your loan(s), to counsel you in repayment efforts, to investigate possible fraud and to verify compliance with Program regulations, or to locate you if you become delinquent in your loan(s) payments or you default.

You must provide all the information requested in order to have your application processed.

Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 552a note) requires that when any federal, state, or local government agency requests that you disclose your Social Security Number (SSN), you must also be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority your SSN is solicited, and what uses will be made of it.

Section 7(a)(2) of the Privacy Act provides that an agency may continue to require disclosure of your SSN as a condition to grant you a right, benefit, or privilege provided by law in cases in which the agency required this disclosure under statute or regulation prior to January 1, 1975, in order to verify the identity of an individual.

Disclosure of your SSN is required to participate in the DEAL Consolidation Loan program. The Bank of North Dakota has required disclosure of social security numbers on application forms and other necessary bank documents since prior to January 1, 1975.

Your social security number will be used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so data can be accurately recorded. We will also use it to determine your eligibility for the program, to certify school attendance and borrower status, and to determine eligibility for deferment of payments, and disability or death claims. Your social security number will also be used for tracing and collecting from you in the event you default on your loan, and IRS reporting requirements.